



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN

DATE OF INSPECTION

66-005000

05-29-2009

LOCATION OF INSTRUMENT (STREET AND CITY)

TIME OF INSPECTION

Sobriety Checkpoint - MOST Bus
(634 Prospect Avenue Kansas City, Missouri)

2250 hours

CHECKLIST

Place a check (✓) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DVM TEST: (.350 +/- .150) .299 (Passed)

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) (Passed)

☒ CHARACTER DISPLAY TEST (Passed)

☒ PRINT TEST (PRINTOUT ATTACHED) (Passed)

☒ TIME AND DATE (Passed)

☒ CALIBRATION CHECK- (Passed)

Run three tests using a standard solution. All three tests must be within +/- 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL.

CHECK MODE) (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 .099

TEST 2 .099

TEST 3 .098

☒ SIMULATOR TEMPERATURE (34° +/- .2°C) 34.0 degrees Celsius (Passed)

☒ PERFORM RFI TEST (PRINTOUT ATTACHED) (Passed)

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

| | | | | | | | | | | | |
|----------|---|-------|---|---------|---|---------|---|---------|---|----------|---|
| REFUSALS | 2 | 0-.04 | 0 | .05-.09 | 4 | .10-.14 | 8 | .15-.19 | 2 | Over .19 | 0 |
|----------|---|-------|---|---------|---|---------|---|---------|---|----------|---|

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

The listed instrument was tested and certified within the guidelines set forth by the Missouri Department of Health and Senior Services.

Guth Laboratories, Inc.

Lot number: 08400

Concentration: .10%

Expiration: 12-08-2009

INSPECTING OFFICER

SIGNATURE

P.O. Randall E. Vestal #3160

PRINT NAME

P.O. Randall E. Vestal #3160

TYPE II PERMIT NUMBER/EXPIRATION DATE

TELEPHONE NUMBER

920060 / 03-19-2011

816-482-8843



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08400** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1204** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **December 8, 2009** at **11:59 PM**.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

634 PROSPECT AVE.
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005000
05/29/2009

| TEST | %BAC | TIME |
|------------|------|-------|
| AIR BLANK | .000 | 22:52 |
| CAL. CHECK | .099 | 22:52 |
| AIR BLANK | .000 | 22:52 |
| CAL. CHECK | .099 | 22:53 |
| AIR BLANK | .000 | 22:53 |
| CAL. CHECK | .098 | 22:54 |
| AIR BLANK | .000 | 22:54 |

NO RFI PRESENT

634 PROSPECT AVE.
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005000
05/29/2009

DIAGNOSTIC TEST 22:55

| | |
|--------------------|--------|
| PRGM CHECK E735.23 | PASSED |
| RAM CHECK | PASSED |
| TEMP CHECK | PASSED |
| PROCESSOR CHECK | |
| SYNC PULSE | PASSED |
| SYNC SPEED | PASSED |
| NEG STABILITY | PASSED |
| POS STABILITY | PASSED |
| REF RANGE | PASSED |

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNPOQRSTUVWXYZ
0123456789

SN 66-005000 05/29/2009
E735.23 22:55

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#%&'*
ABCDEFGHIJKLMNPO
ABCDEFGHIJKLMNPO
ABCDEFGHIJKLMNPO
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#%&'*
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#%&'*

SN 66-005000 05/29/2009
E735.23 22:56
INVALID TEST
INHIBITED - RFI

SUBJECT NAME

Instrument Certification

LOCATION OF TEST

634 Prospect Ave

OFFICER'S SIGNATURE & SERIAL NO.

Form 123 P.D. (8-91)

PO Randall Vestal 3160

SUBJECT NAME

Instrument Certification

LOCATION OF TEST

634 Prospect Ave

OFFICER'S SIGNATURE & SERIAL NO.

Form 123 P.D. (8-91)

PO Randall Vestal 3160

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



RANDALL E. VESTAL

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 03/19/09

Number 920060

Expires 03/19/2011

MO 680-0771 (7-88)

John J. Mathewson

Director of State Public Health Laboratory

Margaret T. Donnelly

Director, Department of Health

Lab. 4 (R7-88)